



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
MORIN ET AL. )  
Serial No. 10/701,165 ) Examiner: S. GEBREMARIAM )  
Confirmation No. 5541 ) Art Unit: 2811 )  
Filing Date: November 4, 2003 )  
For: SEMICONDUCTOR DEVICE WITH MOS )  
TRANSISTORS WITH AN ETCH-STOP LAYER )  
HAVING AN IMPROVED RESIDUAL STRESS )  
LEVEL AND METHOD FOR FABRICATING )  
SUCH A SEMICONDUCTOR DEVICE )

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AMENDMENT

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Official Action of February 10,  
2005, please enter the remarks set out below.

**MS AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450**

In re Application of: **MORIN ET AL.**Serial No.: **10/701,165**Confirmation No.: **5541**Filed: **November 4, 2003**

For: **SEMICONDUCTOR DEVICE WITH MOS TRANSISTORS WITH AN  
ETCH-STOP LAYER HAVING AN IMPROVED RESIDUAL STRESS  
LEVEL AND METHOD FOR FABRICATING SUCH A  
SEMICONDUCTOR DEVICE**

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Applicant qualifies as a small entity under 37 CFR § 1.27.

[X] No additional fee is required.

The fee has been calculated as shown below:

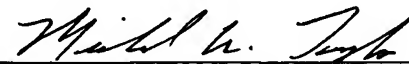
	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
FOR:	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS		20		X25	\$	X50	\$
INDEPT CLAIMS		3		X100	\$	X200	\$
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For: IN THIS SPACE is less than 3, write "3" in this space. The  
 "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the  
 equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

[ ] Enclosed is our check in the amount of \$\_\_\_\_. The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.

[X] **The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.**[X] **PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHRISTOPHER F. REGAN**[X] Please associate this application with Customer No. **27975**.

June 10, 2005  
DATE

  
 MICHAEL W. TAYLOR  
 REG. NO. 43,182